

PAM LEVEL 1: DIABETES PATIENT

<p style="text-align: center;">LEVEL 1 PATIENT PROFILE</p> <ul style="list-style-type: none"> • May not understand that they need to play a role in their own health • Lacks basic knowledge about their condition • Does not understand treatment options or self-care expectations • May not feel in charge of own health and healthcare • Used to failure and lacking problem solving skills • Feels very overwhelmed • Experiences a lot of negative emotion that makes it hard to cope • Low confidence in their ability to impact their health • Difficulty following through on treatment regimens • Has trouble connecting behavior to health 	<p style="text-align: center;">OVERARCHING COACHING GOALS</p> <ul style="list-style-type: none"> • Help patient become self-aware and connect her behaviors to her health and how she feels • Help individual understand that his own actions can have a positive impact on his health • Give the patient permission to take it one step at a time • Focus on current health issues (rather than long term) • Help patient overcome immediate barriers to a successful care transition • <u>Avoid overwhelming with too much information</u> • Baby steps with small achievable goals to improve confidence • Show empathy by using positive messages
<p style="text-align: center;">INTERVENTIONS</p> <p>Condition Knowledge & Symptom Awareness</p> <ul style="list-style-type: none"> • Build skill in problem solving around managing diabetes symptoms Action: Ask patients to write down symptoms, how they felt, and possible triggers. Discuss • Build basic diabetes knowledge. Keep it simple Action: Work with patient so that she can describe diabetes in one or two simple sentences Action: Define with patient basic diabetes terms. Repeat as needed Action: Help patient understand his numbers and where he falls <p>Medications</p> <ul style="list-style-type: none"> • Work with patient to understand how diabetes medications work, medication benefits, and side effects Action: Identify and address any medication concerns including potential barriers to taking correctly. Action: Identify medication knowledge gaps and close these gaps • Work towards a medication routine Action: Together, fill out a medication chart that includes all prescribed meds & dosing directions Action: Decide with patients what reminder he/she will put in place to remember to take meds 	<p style="text-align: center;">INTERVENTIONS</p> <p>Diet and Nutrition</p> <ul style="list-style-type: none"> • Help connect the dots for patient to become aware of habits and stressors that promote poor diet. Identify an opportunity to improve and try it out Action: Provide a log to the patient. Ask patient to track food eaten for at least a few days in the coming week. What is eaten and how much? Try taking pictures with a phone camera. What triggers did the patient notice? • Promote awareness of the glycemic index and the diabetes food pyramid Action: Together, identify foods on the glycemic index that are low, medium, and high. Discuss foods eaten in last 24 hours and figure out whether they are low, medium, or high <p>Physical Activity</p> <ul style="list-style-type: none"> • Start to develop an understanding of the specific benefits of physical activity. Action: Ask patient about the types and amounts of physical activity she gets in a day and how it makes them feel <p>Action: Discuss where there is opportunity to fit in more activity and/or ask patient to add a few extra minutes to something they already do</p>

PAM LEVEL 2: DIABETES PATIENT

LEVEL 1 PATIENT PROFILE

- Lacks basic knowledge about their condition, treatment options, and self-care
- Feels minimally in charge of their health or healthcare
- Significant gaps in many areas of basic health knowledge
- Just starting to realize they have a role to play
- Feels overwhelmed
- Experiences a lot of negative emotion that makes it hard to cope
- Low confidence in their ability to impact their health
- Has little experience or success with lifestyle behavior change

OVERARCHING COACHING GOALS

- Close knowledge gaps
- Help individual overcome feeling overwhelmed
- Skill-build to enhance the individual's realization that slight changes in behavior can lead to meaningful improvements in health and wellbeing
- Build confidence by providing skill-building/problem-solving opportunities that can lead to small, positive changes
- Individual identifies inconsistencies with health self-management
- Focus on one topic/behavior and one small step at a time
- Focus on current health issues (rather than long term)
- Show empathy by using positive messages
- Build awareness of their health numbers. Develop skills through practice to track and move numbers in the desired direction

INTERVENTIONS

Condition Knowledge & Symptom Awareness

- Increase knowledge about the basics of diabetes and diabetes self-care
Action: Ask patient to monitor glucose at home
- Outline behaviors that contribute to well managed versus poorly managed diabetes
Action: Provide a symptom diary for patient to track symptoms

Medications

- Identify and begin to mitigate any diabetes medication side effects
Action: Have patient keep a diary of bothersome side effects. Problem solve together to lessen side effects
- Discover adherence gaps with patients (missed doses, not taking as recommended) and close gaps
Action: Troubleshoot and help patient create a routine for taking meds
- Grow confidence with small-step changes in diabetes medication adherence
Action: Have the patient use completed medication chart to correctly load or fill multi-day pill-dosing containers

INTERVENTIONS

Diet and Nutrition

- Discuss and increase awareness of habits and stressors that promote poor diet. Identify opportunities to improve and try it out
Action: Ask patient to log food and include emotional state (bored, sad, angry, anxious, happy, etc.)
- Help build confidence with small-step dietary changes to improve glycemic control
Action: Together, prepare a shopping list that includes low glycemic index produce and grains and legumes. Check back in with the patient following the grocery trip

Physical Activity

- Identify with patient any barriers to increasing physical activity. Find solutions and have patient test possible solutions.
Action: Have patient find a 'buddy' or create a diabetic exercise group for patients.

Action: Find ways for patient to sneak in exercise (i.e. take the stairs instead of the elevator, use a pedometer, park farther away, walk around house 3 times, etc.)

PAM LEVEL 3: DIABETES PATIENT

LEVEL 3 PATIENT PROFILE	OVERARCHING COACHING GOALS
<ul style="list-style-type: none"> • Good understanding of basic condition facts and treatments • Some experience and success in making behavioral changes • Has confidence in the role they need to play • Beginning to connect health to longer term goals • Experiences mostly positive emotions related to their health • Partners with healthcare providers • Becoming a good self-manager, ex. 65-75% adherent to meds • This level is the ‘bridge’ between low activation (L1/L2) and level 4 	<ul style="list-style-type: none"> • Start to build on past experiences and successes to increase confidence and ability in handling all aspects of health condition • Strive for achieving self-care guidelines • Connect self-care to long-term benefits • Leverage positive attitudes about a healthy lifestyle to bring about steps to improve healthy behaviors • The “one small step” approach still resonates • Promote and encourage health information seeking and sharing • Continue with problem-solving and skill development • Reinforce the success they’ve had while focusing on achieving new goals
INTERVENTIONS	INTERVENTIONS
<p>Condition Knowledge & Symptom Awareness</p> <ul style="list-style-type: none"> • Engage in healthy, diabetes self-management behaviors at, or near, guideline levels <p>Action: Advise patient to record blood glucose level, medications, and diet using a care record on a daily basis</p> <p>Action: Compare patient’s numbers to guideline numbers for BP, cholesterol, blood sugar, etc. Develop a plan to close any gaps</p> <p>Medications</p> <ul style="list-style-type: none"> • Pursue full adherence to prescribed medication(s) <p>Action: Identify any remaining gaps and related causes (e.g. cost, side effects, ‘don’t need/feeling good’, forgetting)</p> <p>Action: Educate regarding risks of stopping prescribed meds</p> <p>Action: Create a plan to overcome tough days/weeks and/or changes in schedule</p> <p>Action: Ensure a medication routine is in place. Create additional reminders if needed (email, cell phone, etc.)</p>	<p>Diet & Nutrition (example goals & steps)</p> <ul style="list-style-type: none"> • Ensure awareness of recommended diet and health guidelines for diabetes <p>Action: Discuss guidelines for the consumption of low glycemic index fruits, vegetables, grain products, and legumes</p> <ul style="list-style-type: none"> • Overcome barriers to meet dietary guidelines for diabetes <p>Action: Put in place a plan to improve eating behaviors most days in the coming week. Keep track of changes with a food journal</p> <ul style="list-style-type: none"> • Create ways for patient to stay on track <p>Action: Make a list of inexpensive and fun ways to self-reward for sticking to a healthy, low glycemic index diet</p> <ul style="list-style-type: none"> • Make activity a habit <p>Action: Encourage patient to plan activities with family or friends, include exercise at lunch, or add an extra fitness class to patient’s schedule</p> <ul style="list-style-type: none"> • Encourage patient to have fun with physical activity <p>Action: Brainstorm with patient to see what activities sound fun. Encourage her to seek out the activity and then check in</p>

PAM LEVEL 4: DIABETES PATIENT

LEVEL 4 PATIENT PROFILE	OVERARCHING COACHING GOALS
<ul style="list-style-type: none"> • Has made many of the necessary behavior changes, but may have difficulty maintaining behaviors over time or during times of stress • Significant opportunity remains to address lifestyle behaviors – nutrition, physical activity, coping with stress • Able to regularly practice self-care behavior at guideline levels, particularly with nutrition, medications, and activity. • Goal oriented with regard to health • Experiences positive emotions related to engaging in healthy behaviors 	<ul style="list-style-type: none"> • Focus on skills for relapse prevention and learn to troubleshoot in advance of difficult times and events • Close any gaps in self-care behavior • Create “stretch” goals, typically emphasizing nutrition, activity, and stress management, to further improve health • Monitor for relapse (e.g., behaviors and medication adherence) and work on skills to re-start healthy behaviors • Promote social supports and peer-education to create a strong network of health advocates • Reinforce the successes they’ve had, highlighting their strong self-management to date • Help them reach new heights
INTERVENTIONS	INTERVENTIONS
<p>Condition Knowledge & Symptom Awareness</p> <ul style="list-style-type: none"> • Help patient maintain a healthy blood glucose level at or near guideline levels and look toward stretch goals Action: Track and monitor blood glucose, then make modifications in routines and habits when not aligned with guidelines • Educate patient regarding techniques to get back on the diabetes control track Action: Have the patient identify scenarios that are likely to throw him off track with blood glucose control. Create a plan to prevent and/or re-establish routines • Encourage self-reward for improved or optimal blood glucose level Action: Make a list of inexpensive and fun ways to self-reward for behaviors that lower blood glucose <p>Medications</p> <ul style="list-style-type: none"> • Have a plan in place to maintain 100% medication compliance Action: Identify tendency and temptation to slack off Rx’s when symptoms have improved <p>Action: Identify ways to maintain a medication routine during times of change or stress. Advise patient to fill Rx in advance of travel</p>	<p>Diet & Nutrition (example goals & steps)</p> <ul style="list-style-type: none"> • Pursue diabetic diet and nutrition stretch goals that further improve health Action: Advise patient to investigate further reducing daily calories to optimize A1c measure over time. Emphasize low glycemic index fresh/raw fruits and vegetables • Expect that dietary relapse (consuming too many calories, saturated fat, sodium/salt) can and will happen. Have a plan Action: Ask patient to develop to get back on track following relapse. Reiterate that a dietary lapse does not mean the patient gives up. <p>Physical Activity (example goals & steps)</p> <ul style="list-style-type: none"> • Encourage longer term goals Action: Provide a list of upcoming 5ks or other community athletic events. Encourage patient to improve time, duration, intensity or distance of existing activity • Troubleshoot ways to overcome activity slumps Action: Suggest patient become a mentor or motivator for someone else Action: Advise patient to pack athletic clothes when away from home



